

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035215  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No.

1316-A

FILED OCT 9 1963

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Springfield, Mo.

Length of stay in 1b

one hour

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St John's Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Polk

c. CITY OR TOWN

Bolivar

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

211 W. Olive

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

William

Juan

Allison

## 4. DATE OF DEATH

Month

Day

Year

September 29, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Oct 5, 1897

9. AGE (last birthday)  
65

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

Clothing Store

11. BIRTHPLACE (City and state or country)

Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Allison

13b. MOTHER'S MAIDEN NAME

Lillie Jane Workman

14. NAME OF HUSBAND OR WIFE

Odia Allison Wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

733

17. INFORMANT

Odia Allison

Address

Bolivar, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Myocardial infarction  
Coronary arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

12 hours

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10 pm 9-29-63 to 11:20 pm and last saw him alive on 9-29-63  
Death occurred at 11:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wyates Trotter M.D.

22b. ADDRESS

Springfield Mo.

22c. DATE SIGNED

10-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/2/63

23c. NAME OF CEMETERY OR CREMATORY

Hazelwood Cemetery

23d. LOCATION (City, town, or county)

Springfield, Mo.

(State)

24. FUNERAL DIRECTOR

Paul D. Butler

ADDRESS

Bolivar, Mo.

25. DATE RECD. BY LOCAL REG.

10-7-63

26. REGISTRAR'S SIGNATURE

Bernie Medley

OCT 10 1963

FEB 14 1964

1963  
1423

9/19/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Paul D. Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.